

GOAL – (1) To create a safe environment for staff and patients.

OBJECTIVES (1) – Safer storage and administration of medication at the unit level.

STRATEGY A) Implement a unit dose package system for all meds (including liquids).

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE	
Purchase/lease unit use machine.	Pharmacy Director	10/05	Done
Identify storage within pharmacy and on units for unit dose liquid meds.	Pharmacy Director	10/05	Done
Staff training (Nursing & Pharmacy).	Pharmacy Director Nursing Director	12/05	Done
Determine and implement delivery mechanisms.	Pharmacy Director	12/05	Done

STRATEGY B) Use “tall man” lettering to identify look alike/sound alike drugs.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE	
Pharmacy to begin using labels with “Tall Man” lettering.	Pharmacy Director	6/10/05	Done

STRATEGY C) Dedicated medication rooms.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE	
Identify space in each unit.	Administrator of Enviro. Services	Done	
Identify any necessary upgrades/improvements.	Administrator of Enviro. Services	Done	
Relocate current occupants as necessary.	Multi-Center Service Manager	2/08	
Renovate space as necessary.	Multi-Center Service Manager	10/08	
Relocate to new space.	Dept. Director	12/08	

## STRATEGY D) Develop medication manuals for the units

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
Pharmacy & Therapeutic Committee with input from Pharmacy & Nursing to identify applicable policies and procedures for inclusion in manual.	Pharmacy Director	Done
Compile manuals, obtain approval by Clinical Management and Medical Staff, print and distribute to units/staff .	Pharmacy Director	6/05 Done
Educate staff regarding contents of their resource.	Clinical Director, Pharmacy Director and Nursing Director	7/05 Done
Updating & redistributing manuals.	Pharmacy Director	Ongoing

## STRATEGY E) Revision of existing medication order sheets to include rational for drug use.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
Draft new med order form.	Pharmacy Director	10/05 Done
Review draft by Medical Staff Executive Committee & Dept. of Nursing for approval.	Clinical Director Director of Nursing	12/05 Done
Pilot approved draft on one of the Special Care units for 3 months.	Pharmacy Director	10/07
Assess and revise, as needed Pharmacy & Therapeutic with input from Pharmacy & Nursing.	Pharmacy Director	11/07
Implement final version hospital-wide.	Pharmacy Director	2/08

GOAL – (1) To create a safe environment for staff and patients.

OBJECTIVES (2) – Reduce the number of incidents of assaults on patients and staff.

STRATEGY A) Development of a chartered process team to address variables related to assaults and develop action plan.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
Through the Performance Improvement Steering Committee charter a multidisciplinary process team.	Performance Improvement Director	6/05 Done
Examine issues and develop plan, prepare final report.	Performance Improvement Director	5/06 Done
Quality Council to review plan and recommendations.	CEO	7/06 Done
Quality Council returned report for clarification and possible revision.	CEO	Done
Provide any necessary feedback or additional inservices to multidisciplinary process team.	CEO	6/1/07
Get final report.	Management Committee	8/1/07
Begin implementation of plan.	CEO	10/07
Assess effectiveness of actions.	CEO and Performance Improvement Director	10/08
Measure effectiveness by comparing patient satisfaction survey results and MVR data.	Performance Improvement Director and Division Directors	10/08

STRATEGY B) Reintroduce staff training (via video) on de-escalation of disruptive behavior.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
All direct care clinical staff to view appropriateness assault prevention videos.	Director of Nursing in conjunction with Division Director	9/07

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STRATEGY C) Develop a “core curriculum” for patient conflict resolution classes to be held on all units.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
Draft curriculum, to include personal safety plan protocols for review. START program.	Clinical Director, DLR & Nursing Clinical Specialist	4/06 Done
Approval	Clinical Director	1/06 Done
Inservice on Pilot Unit.- (Dayhoff B)	DLR & Clinical Specialist	9/07
Assess effectiveness through MVR.	Performance Improvement Director	2/1/08
Inservice on remaining units and begin full implementation hospital-wide.	DLR & Clinical Specialist	9/08

STRATEGY D) Enhance mutual respect - patients and staff.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
Contact and arrange for “Train the Trainers” through “Respect, Inc” .	CEO	7/07
Develop organizational-wide “Respect” policy.	CEO	11/07
Train all clinical staff.		5/08 (tentative) to be reassessed after training
Train all support staff.		10/08 (tentative) to be reassessed after training
Measure effectiveness by comparing patient satisfaction survey results.	Division Directors	10/09

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STRATEGY E) Provision of post assault debriefing for staff and patients.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE	
Develop debriefing procedures guidelines.	Dept. of Psychology with Nursing leadership	12/05	Done
Inservice unit leadership in all units (Nursing, Psychology, Social Work, Psychiatry and Rehab).	DLR	3/06	Done
Pilot post assault debriefing, per written procedures on 3 units and assess efficacy.	Performance Improvement Director	9/06	Done
Implement center-wide, as indicated.	DLR	10/06	Done

GOAL – (2) Decrease and eventually eliminate use of seclusion and restraint.

OBJECTIVE 1) Create a culture in which staff is committed to providing alternatives to seclusion and restraint use.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE	
STRATEGY A) Management Committee will issue a letter to all staff that reconfirms our commitment to reduce and eventually eliminate the use of Seclusion/Restraint.	CEO	7/1/05	Done

GOAL – (2) Decrease and eventually eliminate use of seclusion and restraint.

OBJECTIVE 1) Create a culture in which staff is committed to providing alternatives to seclusion and restraint use.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
<p>STRATEGY B) Develop a comprehensive action plan, in cooperation with the other MHA facilities and MHA.</p> <p>It is anticipated this plan will include:</p> <ul style="list-style-type: none"> <li>- Research best practices/evidence based practices and develop educational material to be to staff.</li> <li>- Identification of physical, emotional and cultural factors that could place a patient at risk for seclusion and restraint.</li> <li>- Development of a “tool kit” of some physical/interactive skills to be used by staff.</li> <li>- Creation of a physical environment, which will allow for earlier identification of patients experiencing crisis.</li> <li>- Administrative oversight, through department and multidisciplinary committee, of every episode of seclusion and restraint.</li> <li>- Implement at the team level, programs to encourage “team” involvement of early intervention.</li> </ul>		<p>Done for adolescents Adults Units—will begin in 9/07</p>

GOAL – (2) Decrease and eventually eliminate the use of seclusion and restraint

OBJECTIVES (2) – Reduce patient tedium and idle time, and improve patient coping skills.

STRATEGY A) Increase the variety and frequency of structured patient recreational and educational activities during evenings, weekends and holidays.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
A) Create a category of nursing activity coordinators within the Nursing Departments.		
<ul style="list-style-type: none"> <li>Further develop a concept that will link Spring Grove to UMBC's research &amp; teaching expertise and that will tap honors undergraduate students of the University who may be interested in careers in public mental health.</li> </ul>	Drs. Ajanah, Helsel and Kiessling	Done
<ul style="list-style-type: none"> <li>Meet with UMBC leadership to jointly develop the concept, reach mutual agreements, and finalize the plan.</li> </ul>	Dr. Helsel	5/1/07
<ul style="list-style-type: none"> <li>Identify at least 20 half-time staff positions that can be dedicated to the project. (Net increase of 10 FTE positions)</li> </ul>	Dr. Kiessling and Ms. Tullius	5/7/07
<ul style="list-style-type: none"> <li>SGHC clinical leadership, together with UMBC leadership, to jointly present the program details to qualified UMBC students.</li> </ul>	Drs. Helsel and Kiessling	5/15/07
<ul style="list-style-type: none"> <li>Interview applicants and final selections.</li> </ul>	Dr. Kiessling	6/4/07
<ul style="list-style-type: none"> <li>Provide the appropriate formal training to the successful candidates.</li> </ul>	Dr. Kiessling and Ms. Travis	7/2/07
<ul style="list-style-type: none"> <li>Assign successful candidates to the patient units and inaugurate program.</li> </ul>	Dr. Kiessling	7/3/07
<ul style="list-style-type: none"> <li>Assess effectiveness and adjust/expand as indicated.</li> </ul>	Drs. Ajanah, Helsel and Kiessling	Quarterly x 1 yr

GOAL – (3) Improve work environment.

OBJECTIVE – A) Create a work environment that is fully conducive to optimal treatment of the psychiatric patient

B) Create a comfortable pleasant environment for staff

STRATEGY A) Open an area on campus where patient, visitors and staff can relax, “regroup”, socialize and confer.

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
Develop and issue feedback tool to determine customer preferences and priorities.	Dietary Director	Done
Hire project manager for a central cafe and conference center.	Asst. Superintendent	Done
Renovate the circa 1942 “Employee’s Cafeteria”.	Maintenance	9/1/05 Done
Begin food service operation.	Assistant Superintendent	10/1/05 Done
Begin conference area use.	Assistant Superintendent	10/1/05 Done
Ongoing feedback from customers to ensure satisfaction.	Assistant Superintendent	Ongoing

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
STRATEGY B) Continue to work towards construction of a new hospital.	Hospital Management	Ongoing
C) Make structural and asthetic changes to the patient treatment areas to decrease barriers and provide a healing and comfortable environment.	Director of Environmental Management	Ongoing

GOAL – (4) Improve verbal communications between clinicians.

OBJECTIVE (1) — Reduce communication barriers through the use of a standardized, shared mental model for communicating patient information.

STRATEGY A) Implement a structured, standardized approach to verbal communications among clinicians which includes an opportunity to ask and respond to questions (SBAR).

REQUIRED ACTION STEPS	RESPONSIBLE PARTY	EXPECTED DATE
Initiate SBAR ( <i>Situation, Background, Assessment and Recommendation</i> ) training for nurses and physicians.	DLR	4/11/07
Purchase and distribute posters and pocket cards for Nursing Stations.	Director of Clinical Operations Director of Special Treatment	6/30/07
Implement SBAR training during new employee orientation for nurses and physicians.	DLR Clinical Director	4/12/07
Purchase and distribute SBAR Handbooks (practice scenarios) for each unit to supplement SBAR Training DVD's.	Director of Clinical Operations Director of Special Treatment	8/30/07

Revised: May 25, 2007

